



Insure Central Texas – Referral Form

MARKETPLACE HEALTH INSURANCE / MEDICAID / CHIP / MAP

Referring Provider: _____

Office Contact: _____

Contact Phone: _____ Email: _____

CLIENT INFORMATION

Name: _____ Best Contact #: _____

Alternate Contact (if applicable): _____

Email: _____ Preferred Language: _____

REFERRAL NOTES

Insure Central Texas is a program of Foundation Communities, a local nonprofit that has been helping families succeed since 1990. Our Certified Application Counselors assist with Marketplace health insurance (Obamacare), Medicaid, CHIP, or MAP. We offer enrollment, education, and advocacy services all year. We have no income or geographic restrictions. *All are welcome and all of our services are free!*

Client Authorization: I authorize the release of my contact information and other details specified in this document to Insure Central Texas. I understand that this will allow a Certified Application Counselor with Insure Central Texas to contact me about health insurance and related issues.

Client Signature: _____ Date: _____

OR Verbal Permission Given to: _____ Date: _____

INSURE CENTRAL TEXAS

Main: 737-717-4000

Fax: 512-519-1027

Email: ICTreferral@foundcom.org

Web: InsureCentralTexas.org

For Providers: Questions? Call 512-381-4525.

TWO LOCATIONS OPEN ALL YEAR

North: 5900 Airport Blvd, 78752

Across from ACC Highland

South: 2600 W Stassney Ln, 78745

At Stassney and West Gate